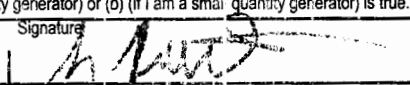
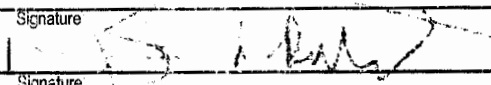


## Attachment #2

FD-302a (Rev. 10-22-95) Previous editions are obsolete.

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>PAD082363889</b>		2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>336-944-1135</b>		4. Manifest Tracking Number <b>008543531 JJK</b>				
		5. Generator's Name and Mailing Address <b>NORQUAY TECHNOLOGIES</b> <b>P.O. BOX 468, CHESTER, PA 19016-0468</b>				Generator's Site Address (if different than mailing address) <b>500 WEST FRONT ST CHESTER, PA 19016</b>					
6. Transporter 1 Company Name <b>STAT INC.</b>		U.S. EPA ID Number <b>NCD980799142</b>									
7. Transporter 2 Company Name		U.S. EPA ID Number									
8. Designated Facility Name and Site Address <b>ECOFLO, INC.</b> <b>2750 PATTERSON STREET</b> <b>GREENSBORO, NC 27407-01</b>		U.S. EPA ID Number <b>NCD980647132</b>									
Facility's Phone:											
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers No. Type		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes		
		1. <b>RG, WASTE FLAMMABLE LIQUIDS, N.O.S., (ACETONE, XYLENE), 3.</b> <b>UN1993, N. (DXTN), ERG1128</b> <b>IDXH1033</b>			<b>88</b>				<b>ENH1 F003</b>		
		2. <b>NON-RCRA NON-DOT REGULATED SOLIDS (MT DRUMS)</b> <b>IDXH1033</b>			<b>20</b>						
		3. <b>Hazardous Waste Solids NOS Non NA3077</b> <b>Packing group 3</b>			<b>4</b>				<b>F003 F005</b>		
14. Special Handling Instructions and Additional Information <b>1) 2E00-027</b> <b>2) 2E00-EMP WN</b> <b>WOW 153324</b>											
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/stenciled, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exportor, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.											
Generator's/Offeror's Printed/Typed Name					Signature			Month	Day	Year	
TRANSPORTER/INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:										
	17. Transporter Acknowledgment of Receipt of Materials										
	Transporter 1 Printed/Typed Name					Signature			Month	Day	Year
	Transporter 2 Printed/Typed Name					Signature			Month	Day	Year
DESIGNATED FACILITY	18. Discrepancy										
	18a. Discrepancy Indication Specify <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection										
	Manifest Reference Number:										
	18b. Alternate Facility (or Generator)					U.S. EPA ID Number					
	Facility's Phone:										
18c. Signature of Alternate Facility (or Generator)											
19. Hazardous Waste Report/Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)											
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a											
Printed/Typed Name					Signature			Month	Day	Year	

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>PAD982363889</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>(800) 463-0718</b>	4. Manifest Tracking Number <b>005239130 FLE</b>		
5. Generator's Name and Mailing Address <b>Norquay Technology Inc PO Box 468 Chester, PA 19013</b>				Generator's Site Address (if different than mailing address) <b>800 West Front Street Chester, PA 19013</b>			
6. Transporter 1 Company Name <b>Clean Harbors Environmental Services Inc</b>				U.S. EPA ID Number <b>MA0039322250</b>			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>Clean Harbors Recycling Services of Ohio, LLC 581 Milliken Drive SE Hebron, OH 43025</b>				U.S. EPA ID Number <b>OH0980587364</b>			
Facility's Phone: <b>(740) 929-2532</b>							
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	1. <b>RD, UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., (ACETONE, TOLUENE), 3, PG III (D001)</b>		<b>92 01</b>		<b>2000</b>	<b>8</b>	<b>D001 F003 F005</b>
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information <b>1. CH00135 EPC#128 83200</b>							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/packaged, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name <b>Sean Pinkel</b>				Signature 		Month Day Year <b>12 6 11</b>	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name: _____ Signature:  Month Day Year: <b>12 6 11</b> Transporter 2 Printed/Typed Name: _____ Signature: _____ Month Day Year: _____							
18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reconciliation Number: _____ 18b. Alternate Facility (or Generator): _____ U.S. EPA ID Number: _____ Facility's Phone: _____ 18c. Signature of Alternate Facility (or Generator): _____ Month Day Year: _____							
19. Hazardous Waste Report/Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) <b>R020</b>							
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a Printed/Typed Name: _____ Signature: _____ Month Day Year: _____							

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>PA0387363889</b>		2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>(800) 492-3718</b>		4. Manifest Tracking Number <b>004835048 FLE</b>		
		5. Generator's Name and Mailing Address <b>Norquay Technology Inc PO Box 468 Chester, PA 19013</b>					Generator's Site Address (if different than mailing address) <b>800 West Front Street Chester, PA 19013</b>		
6. Transporter 1 Company Name <b>Clean Harbors Environmental Services Inc</b>		U.S. EPA ID Number <b>MA00039322250</b>							
7. Transporter 2 Company Name		U.S. EPA ID Number							
8. Designated Facility Name and Site Address <b>Clean Harbors LaPorte LLC 500 Independence Parkway South LaPorte, TX 77571</b>		U.S. EPA ID Number <b>TXD982290140</b>							
Facility's Phone: <b>(281) 884-5500</b>									
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers No. Type		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes
	1. <b>UN3394, WASTE ORGANOMETALLIC SUBSTANCE, LIQUID PYROPHORIC, WATER REACTIVE, (HEXANES, BUTYLLITHIUM), 1.2, 1.3, 1.4</b>				<b>002 CY</b>		<b>00350</b>	<b>P</b>	<b>D001 D003</b> <b>buts80th</b>
	2.								
	3.								
	4.								
14. Special Handling Instructions and Additional Information <b>NO YIELD</b>									
15. <b>GENERATOR'S/OFFEROR'S CERTIFICATION:</b> I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Offeror's Printed/Typed Name					Signature			Month Day Year <b>10/13/12</b>	
16. International Shipments: <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:									
17. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name					Signature			Month Day Year <b>10/13/12</b>	
Transporter 2 Printed/Typed Name					Signature			Month Day Year	
18. Discrepancy									
18a. Discrepancy Indication Space: <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
Manifest Reference Number:									
18b. Alternate Facility (or Generator): U.S. EPA ID Number									
Facility's Phone:									
18c. Signature of Alternate Facility (or Generator): Month Day Year									
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1. <b>01181</b> 2. 3. 4.									
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a									
Printed/Typed Name					Signature			Month Day Year	

#4177

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>PA0982363889</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>(800) 483-3712</b>	4. Manifest Tracking Number <b>005239284</b>	<b>FLE</b>	
5. Generator's Name and Mailing Address <b>Morgue Technology Inc</b> <b>PO Box 408</b> <b>Chester, PA 19013</b>				Generator's Site Address (if different than mailing address) <b>800 West Front Street</b> <b>Chester, PA 19013</b>			
6. Transporter 1 Company Name <b>Clean Harbors Environmental Services Inc</b>				U.S. EPA ID Number <b>MAD039322250</b>			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>Clean Harbors Recycling Services of Ohio, LLC</b> <b>261 Milliken Drive SE</b> <b>Huber, OH 43023</b>				U.S. EPA ID Number <b>OH0080687364</b>			
Facility's Phone: <b>(740) 929-3532</b>							
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
X	<b>1. (P), UN1099, WASTE FLAMMABLE LIQUIDS, N.O.S., (ACETONE, TOLUENE), PG III (D001)</b>	<b>88</b>			<b>D001</b>	<b>F003</b>	<b>F005</b>
14. Special Handling Instructions and Additional Information <b>1. CHL 209 135</b> <b>URG#128 88 x 55</b> <b>NOTE # 12546</b>							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste materialization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name <b>John H. Hines</b>				Signature <i>[Signature]</i>		Month Day Year <b>02 20 12</b>	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter's Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name <b>JOA CLINE</b>				Signature <i>[Signature]</i>		Month Day Year <b>02 20 12</b>	
Transporter 2 Printed/Typed Name				Signature		Month Day Year	
18. Disposal/							
8a. Disposal/Rejection Specified: <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number: _____							
8b. Signature (Facility or Generator)				U.S. EPA ID Number			
Facility's Phone:							
8c. Signature (Facility or Generator)				Month Day Year			
19. Hazardous Waste Report/Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
<b>W020</b>		2.	3.	4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a							
Printed/Typed Name				Signature		Month Day Year	

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>PAD002363889</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>(800) 493-3718</b>	4. Manifest Tracking Number <b>005239281 FLE</b>	
5. Generator's Name and Mailing Address <b>Monsieur Technology Inc PO Box 468 Chester, PA 19013</b>			Generator's Site Address: (if different than mailing address) <b>800 West Front Street Chester, PA 19013</b>			
6. Transporter 1 Company Name <b>Clean Harbors Environmental Services Inc</b>			U.S. EPA ID Number <b>MAD039322250</b>			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>SRT Environmental Inc 5748 Cheswood Street Houston, TX 77087</b>			U.S. EPA ID Number <b>TXD056135388</b>			
Facility's Phone: <b>(713) 645-8710</b>						
9a. HMI	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type	11. Total Quantity	12. Unit WT/Vol.	13. Waste Codes	
X	1. UN1415, WASTE LITHIUM, 4.5, PG I	2 DF	00005	P	D001	D003
	2. UN3092, Waste Organic metal salts, solid, liquid, Pyrophoric and/or Reactive (butyl lithium, cyclohexane), 4.2 (4.3), PG-I	1 DI	00015	P	D001	D003
	3. UN3311, Waste Organic metal salts, solid, liquid, non-corrosive, Flammable (toluene), 4.2 (4.3), PG-I	1 DF	00010	P	D001	D003
	4.					
14. Special Handling Instructions and Additional Information <b>1. 90573 NGI130 2x16 2. CRCTD 1x05 3. CRCTD 1x16</b>						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name <b>Don P...</b>		Signature <i>[Signature]</i>		Month Day Year <b>2 19 12</b>		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name <b>...</b>		Signature <i>[Signature]</i>		Month Day Year <b>2 17 12</b>		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy						
18a. Discrepancy Indication Boxes <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number: _____						
18b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. _____ 2. _____ 3. _____ 4. _____						
20. Designated Facility Owner or Operator Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a						
Printed/Typed Name		Signature		Month Day Year		

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>PAD982303980</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>(800) 483-3718</b>	4. Manifest Tracking Number <b>005239345 FLE</b>	
5. Generator's Name and Mailing Address <b>Nerquay Technology Inc PO Box 468 Chester, PA 19013</b>			Generator's Site Address (if different than mailing address) <b>800 West Front Street Chester, PA 19013</b>			
6. Transporter 1 Company Name <b>Clean Harbors Environmental Services Inc</b>			U.S. EPA ID Number <b>MAD038322250</b>			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>Clean Harbors La Porte, LLC 800 Independence Parkway South La Porte, TX 77571</b>			U.S. EPA ID Number <b>TXD982280140</b>			
Facility's Phone: <b>(281) 854-5500</b>						
9a HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
x	1. <b>UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., (SODIUM CYCLOPENTADIENE IN TETRAHYDROFURAN/TOLUENE), 3, 205</b>	001 CF	075	P	0001 out 201h	
	2.					
14. Special Handling Instructions and Additional Information: <b>1. UN1993 1A 4 205</b> <b>ATG 125 1A 4 205</b> <b>ATG # 12586</b>						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/packaged, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name <b>Gregory P. ...</b>		Signature <i>[Signature]</i>		Month <b>03</b>	Day <b>08</b>	Year <b>12</b>
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Part of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name <b>DEA LIME</b> Signature <i>[Signature]</i> Month <b>03</b> Day <b>08</b> Year <b>12</b> Transporter 2 Printed/Typed Name Signature <i>[Signature]</i> Month <b>03</b> Day <b>08</b> Year <b>12</b>						
18. Discrepancy 18a. Discrepancy Indication Spare <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: _____ 18b. Alternate Facility (for Generator) U.S. EPA ID Number Facility's Phone: _____ 18c. Signature of Alternate Facility (if Generator) Month <b>03</b> Day <b>08</b> Year <b>12</b>						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. <b>H141</b> 2. 3. 4.						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name Signature Month <b>03</b> Day <b>08</b> Year <b>12</b>						



<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>PAD982363888</b>	2. Page 1 of 1 <b>1</b>	3. Emergency Response Phone <b>(800) 483-3718</b>	4. Manifest Tracking Number <b>005239344 FLE</b>	
5. Generator's Name and Mailing Address <b>Norquay Technology Inc PO Box 468 Chester, PA 19013</b>			Generator's Site Address (if different than mailing address) <b>800 West Front Street Chester, PA 19013</b>			
6. Transporter 1 Company Name <b>Clean Harbors Environmental Services Inc</b>			U.S. EPA ID Number <b>MAD039322250</b>			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>Clean Harbors El Dorado LLC 309 American Circle El Dorado, AR 71730</b>			U.S. EPA ID Number <b>ARD068748192</b>			
Facility's Phone: <b>(870) 663-7173</b>						
9a HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			SS	Drum		
	1. <b>HAZARDOUS WASTE, SOLID, H.O.S. (TOLUENE, ACETONE), 9, PG III</b>		004	Drum	2000	P
13. Waste Codes						
F003 F005						
14. Special Handling Instructions and Additional Information <b>1. CK413007 BRG#171 4155</b>						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name <b>Scott Pinkard</b>		Signature <i>[Signature]</i>		Month Day Year <b>11 13 12</b>		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: _____ Date leaving U.S.: _____				
17. Transporter Acknowledgment of Receipt of Material's						
Transporter 1 Printed/Typed Name <b>Tom Lume</b>		Signature <i>[Signature]</i>		Month Day Year <b>11 13 12</b>		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy						
18a. Discrepancy Indication Spare <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number: _____						
18b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. <b>H040</b>		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 13a:						
Printed/Typed Name		Signature		Month Day Year		

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		Generator ID Number <b>PA0982363889</b>		2. Page 1 of 1		3. Generator Phone Number <b>(800) 485-3718</b>		4. Manifest Tracking Number <b>005239346 FLE</b>		
5. Generator's Name and Mailing Address <b>Noncity Terminals Inc PO Box 468 Chester, PA 19013</b>				Generator's Site Address (if different than mailing address) <b>800 West Front Street Chester, PA 19013</b>						
Generator's Phone: 6. Transporter 1 Company Name <b>Clean Harbors Environmental Services Inc</b>				U.S. EPA ID Number <b>MAD039322250</b>						
7. Transporter 2 Company Name				U.S. EPA ID Number						
8. Designated Facility Name and Site Address <b>Clean Harbors Recycling Services of Ohio, LLC 501 Main Street Hoboken, OH 43025</b>				U.S. EPA ID Number <b>OH0900607004 OH0900607004</b>						
Facility's Phone: <b>(740) 929-3532</b>										
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes			
			No.	Type						
	x	<b>1. PG, UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., (ACETONE, TOLUENE), 3, PG III (D001)</b>	044	DM	34,500	P		D001	F003	F005
14. Special Handling Instructions and Additional Information <b>1. CH209133      ERG#128 94X55      ID# #12586</b>										
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.										
Generator's/Officer's Printed/Typed Name <b>Sean P. Ruckelshaus</b>										
Signature <i>[Signature]</i>										
Month Day Year <b>03 18 12</b>										
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____									
	17. Transporter Acknowledgment of Receipt of Materials									
	Transporter 1 Printed/Typed Name <b>Tom Clune</b>				Signature <i>[Signature]</i>		Month Day Year <b>03 18 12</b>			
	Transporter 2 Printed/Typed Name				Signature		Month Day Year			
DESIGNATED FACILITY	18. Discrepancy									
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
	Manifest Reference Number:									
	18b. Alternate Facility (or Generator):				U.S. EPA ID Number					
	Facility's Phone:									
	18c. Signature of Alternate Facility (or Generator)				Month Day Year					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
1. <b>H020</b>		2.		3.		4.				
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest, except as noted in Item 18a										
Printed/Typed Name				Signature		Month Day Year				

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>PAD982363889</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>336-944-1135</b>	4. Manifest Tracking Number <b>008533486 JJK</b>		
5. Generator's Name and Mailing Address <b>NORQUAY TECHNOLOGIES</b> <b>P O BOX 468, CHESTER, PA 19016-0468</b>				Generator's Site Address (if different than mailing address) <b>800 WEST FRONT ST.</b> <b>CHESTER, PA 19013</b>			
6. Transporter 1 Company Name <b>LACY'S EXPRESS INC.</b>				U.S. EPA ID Number <b>NJD046555033</b>			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>ECOFLO, INC.</b> <b>2750 PATTERSON STREET</b> <b>GREENSBORO, NC 27407 01</b> <b>336 355-7925</b>				U.S. EPA ID Number <b>NC0680842132</b>			
Facility's Phone:							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes
			No.	Type			
	X	1. <b>RQ. WASTE, FLAMMABLE LIQUIDS, N.O.S., (ACETONE, XYLENE), 1</b> <b>UN1993, IL (1001), ERG1128</b> <b>1DX1-H33</b>	84	1	750	L	D001 F003 F004
		2. <b>NON-RCRA NON-DOT REGULATED SOLIDS (MT DRUMS)</b> <b>1DX1-HMP</b>	2	0	40	L	
		3.					
		4.					
14. Special Handling Instructions and Additional Information <b>2E CO 027</b> <span style="float: right;"><b>2)</b></span>							
<b>WO# 153863</b>							
15. <b>GENERATOR'S/OFFEROR'S CERTIFICATION:</b> I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that my waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name				Signature		Month Day Year	
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name				Signature		Month Day Year
	Transporter 2 Printed/Typed Name				Signature		Month Day Year
ALTERNATE FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	Manifest Reference Number: _____						
	18b. Alternate Facility (or Generator)				U.S. EPA ID Number		
	Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator)						Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1.		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name				Signature		Month Day Year	

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SC PPW 3/3/2011

6028

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Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>PAD982363889</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>(800)483-3718</b>	4. Manifest Tracking Number <b>005239572 FLE</b>			
5. Generator's Name and Mailing Address <b>Norquay Technology Inc. PO Box 468 Chester, PA 19013</b>				Generator's Site Address (if different than mailing address) <b>800 West Front Street Chester, PA 19013</b>				
6. Transporter 1 Company Name <b>Clean Harbors Environmental Services Inc.</b>				U.S. EPA ID Number <b>MAD039322250</b>				
7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address <b>Clean Harbors El Dorado LLC 309 American Circle El Dorado, AR 71730</b>				U.S. EPA ID Number <b>ARD069748192</b>				
Facility's Phone: <b>(870)863-7173</b>								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
				No.	Type			
	x	1. <b>HA3077, HAZARDOUS WASTE, SOLID, N.O.S., (TOLUENE, ACETONE), 9, PG III</b>		<b>2</b>	<b>DM</b>	<b>400L</b>	<b>P</b>	<b>F003 F005</b>
14. Special Handling Instructions and Additional Information <b>1. CH419477 2x55 BRG171</b>								
15. <b>GENERATOR'S/OFFEROR'S CERTIFICATION:</b> I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offor's Printed/Typed Name <b>Don Pinker</b> Signature <i>[Signature]</i> Month Day Year <b>02 01 12</b>								
TRANSPORTER INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
	17. Transporter Acknowledgment of Receipt of Materials							
TRANSPORTER	Transporter 1 Printed/Typed Name <b>Gabe McQuade</b> Signature <i>[Signature]</i> Month Day Year <b>05 31 12</b>							
	Transporter 2 Printed/Typed Name Signature Month Day Year							
WASTE FACILITY	18. Discrepancy							
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
	Manifest Reference Number: _____							
	18b. Alternate Facility (or Generator) U.S. EPA ID Number							
Facility's Phone: _____								
18c. Signature of Alternate Facility (or Generator) Month Day Year								
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1. <b>H040</b> 2. 3. 4.								
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name Signature Month Day Year								

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SC PFW 3/3/2011

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UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number <b>PAD982363889</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>(800) 483-3718</b>	4. Manifest Tracking Number <b>005239573 FLE</b>				
	5. Generator's Name and Mailing Address <b>Norquay Technology Inc PO Box 468 Chester, PA 19013</b>		Generator's Site Address (if different than mailing address) <b>800 West Front Street Chester, PA 19013</b>					
6. Transporter 1 Company Name <b>Clean Harbors Environmental Services Inc</b>			U.S. EPA ID Number <b>MAD030322250</b>					
7. Transporter 2 Company Name			U.S. EPA ID Number					
8. Designated Facility Name and Site Address <b>Clean Harbors Recycling Services of Ohio, LLC 581 Milliken Drive SE Hebron, OH 43025</b>			U.S. EPA ID Number <b>OH0980587384</b>					
Facility's Phone: <b>(740) 929-3532</b>								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
	x	1. <b>HQ, UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., (ACETONE, TOLUENE), 3, PG III (D001)</b>	84	55	3200	kg	D001	F003 F005
		2.						
		3.						
		4.						
14. Special Handling Instructions and Additional Information <b>1. CH209133 BRG128</b>								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Officer's Printed/Typed Name <b>Seena Patel</b>		Signature <i>[Signature]</i>		Month Day Year <b>5 21 12</b>				
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: _____ Date leaving U.S.: _____					
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name <b>Gertie / M. D. Drake</b>		Signature <i>[Signature]</i>		Month Day Year <b>5 21 12</b>			
NATED FACILITY	Transporter 2 Printed/Typed Name		Signature		Month Day Year			
	18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: _____							
18b. Alternate Facility (or Generator)		U.S. EPA ID Number						
Facility's Phone:								
18c. Signature of Alternate Facility (or Generator)		Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1. <b>H020</b>		2.		3.		4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name		Signature		Month Day Year				

Clean Harbors has the appropriate permits for and will accept the waste the generator is shipping.

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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SC PPW 3/2/2011

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number <b>PAD982363889</b>	2. Page 1 of 1	3. Emergency Response Phone <b>(800) 433-9719</b>	4. Manifest Tracking Number <b>006615113 FLE</b>
5. Generator's Name and Mailing Address <b>Norquay Technology Inc PO Box 468 Chester, PA 19013</b>			Generator's Site Address (if different than mailing address) <b>800 West Front Street Chester, PA 19013</b>		
Generator's Phone: <b>(610) 863-7173</b>			U.S. EPA ID Number <b>PA039322250</b>		
6. Transporter 1 Company Name <b>Clean Harbors Environmental Services Inc</b>			U.S. EPA ID Number <b>PA039322250</b>		
7. Transporter 2 Company Name <b>Clean Harbors Environmental Services Inc</b>			U.S. EPA ID Number <b>PA039322250</b>		
8. Designated Facility Name and Site Address <b>Clean Harbors El Dorado LLC 306 Arroyo Vista Circle El Dorado, AR 71730</b>			U.S. EPA ID Number <b>AR0009748192</b>		
Facility's Phone: <b>(501) 863-7173</b>					
9a. HM	9b. U.S. DOT Description, including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)	10. Containers	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
x	1. <b>RQ, UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., (ACETONE, TOLUENE), 3, PG III (D001)</b>	088	DM 35200	P	D001 F003 F005
x	2. <b>NA3077, HAZARDOUS WASTE, SOLID, N.O.S., (TOLUENE, ACETONE), 3, PG III</b>	003	DM 0050	P	F003 F005
14. Special Handling Instructions and Additional Information <b>1. CE209, 53 2. CE419477 ERG#128 88x55 ERG#171 2x55 NODER # 12586</b>					
15. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations. I export shipment and I am the Primary Exporter. I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste information statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Officer's Printed Name <b>Sara Rabele</b>		Signature <i>[Signature]</i>		Month Day Year <b>16 25 13</b>	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____					
17. Transporter's Acknowledgment: Receipt of Materials					
Transporter 1 Printed/Typed Name <b>TOM CLINE</b>		Signature <i>[Signature]</i>		Month Day Year <b>16 25 13</b>	
Transporter 2 Printed/Typed Name <i>[Signature]</i>		Signature <i>[Signature]</i>		Month Day Year <b>16 25 13</b>	
18. Discrepancy					
18a. Discrepancy Indication: <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
Manifest Reference Number: _____					
18b. Designated Facility (or Generator): _____ U.S. EPA ID Number: _____					
Facility's Phone: _____					
18c. Signature of Designated Facility (or Generator): _____ Month Day Year _____					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. <b>H040</b>		2. <b>H040</b>		3. _____	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 18a					
Printed/Typed Name <i>[Signature]</i>		Signature <i>[Signature]</i>		Month Day Year <b>07/16/13</b>	

## Attachment #3

## WEEKLY HAZARDOUS WASTE CONTAINERS INSPECTION CHECKLIST

**WAREHOUSE ACCUMULATION POINT**

DATE: 6/21/13				
INSPECTED BY: <i>GR</i>				
item	YES	NO	COMMENTS/CORRECTIVE ACTIONS TAKEN	
<b>HAZARDOUS WASTE CONTAINERS</b>				
A	Are any containers open or have loose lids/bungs?			✓
B	Are any containers severely rusted?			✓
C	Are any containers leaking?			✓
if answer to items A, B or C is YES, write comments and corrective action taken				
D	Is accumulation start date marked on containers?		✓	
E	Are containers marked "HAZARDOUS WASTE"?		✓	
F	Are labels readable from the inspection aisle?		✓	
G	Is there sufficient area to walk around and inspect all drums?		✓	
if answer to items D, E, F, or G is NO, write comments and corrective action taken				
<b>ACCUMULATION POINT</b>				
H	Are all hazardous waste containers on a containment pallet?		✓	
I	Is adequate aisle space present to allow unobstructed movement for emergency response?		✓	
if answer to items H or I is NO, write comments and corrective action taken				
<b>EMERGENCY RESPONSE</b>				
J	is an empty salvage drum nearby?		✓	
K	is spill absorbent material nearby?		✓	
L	is a fire extinguisher readily accessible?		✓	
M	is the fire extinguisher fully charged?		✓	
N	is the fire extinguisher seal in tact?		✓	
if answer to items J, K, L, M or N is NO, write comments and corrective action taken				
<b>General Warehouse</b>				
O	Inspect all Warehouse locations. Is there hazardous waste drums stored outside of Warehouse accumulation point?			✓
if answer to item O is YES, write comments and corrective action taken				



# WEEKLY HAZARDOUS WASTE CONTAINERS INSPECTION CHECKLIST

## WAREHOUSE ACCUMULATION POINT

DATE: 6-7-13			
INSPECTED BY: [Signature]			
item		YES	NO
<b>HAZARDOUS WASTE CONTAINERS</b>			
A	Are any containers open or have loose lids/bungs?		✓
B	Are any containers severely rusted?		✓
C	Are any containers leaking?		✓
	If answer to items A, B or C is yes, write comments and corrective actions taken.		
D	Is accumulation start date marked on containers?	✓	
E	Are containers marked "HAZARDOUS WASTE"?	✓	
F	Are labels readable from the inspection aisle?	✓	
G	Is there sufficient area to walk around and inspect all drums?	✓	
	If answer to items D, E, F, or G is no, write comments and corrective actions taken.		
<b>ACCUMULATION</b>			
H	Are all hazardous waste containers on a containment pallet?	✓	
I	Is adequate aisle space present to allow unobstructed movement for emergency response?	✓	
	If answer to items H or I is no, write comments and corrective actions taken.		
<b>EMERGENCY RESPONSE</b>			
J	Is an empty salvage drum nearby?	✓	
K	Is spill absorbent material nearby?	✓	
L	Is a fire extinguisher readily accessible?	✓	
M	Is the fire extinguisher fully charged?	✓	
N	Is the fire extinguisher seal in tact?	✓	
	If answer to items J, K, L, M, or N is no, write comments and corrective actions taken.		
<b>General Warehouse</b>			
O	Inspect all Warehouse locations. Is there hazardous waste drums stored outside of Warehouse accumulation point?		✓
	If answer to item O is yes write comments and corrective actions taken.		

# WEEKLY HAZARDOUS WASTE CONTAINERS INSPECTION CHECKLIST

## WAREHOUSE ACCUMULATION POINT

DATE: <u>4-19-13</u>			
INSPECTED BY:			
item		YES	NO
<b>HAZARDOUS WASTE CONTAINERS</b>			
A	Are any containers open or have loose lids/bungs?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
B	Are any containers severely rusted?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
C	Are any containers leaking?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	If answer to items A, B or C is yes, write comments and corrective actions taken.		
D	Is accumulation start date marked on containers?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E	Are containers marked "HAZARDOUS WASTE"?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F	Are labels readable from the inspection aisle?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
G	Is there sufficient area to walk around and inspect all drums?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	If answer to items D, E, F, or G is no, write comments and corrective actions taken.		
<b>ACCUMULATION POINT</b>			
H	Are all hazardous waste containers on a containment pallet?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I	Is adequate aisle space present to allow unobstructed movement for emergency response?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	If answer to items H or I is no, write comments and corrective actions taken.		
<b>EMERGENCY RESPONSE</b>			
J	Is an empty salvage drum nearby?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
K	Is spill absorbent material nearby?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
L	Is a fire extinguisher readily accessible?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
M	Is the fire extinguisher fully charged?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N	Is the fire extinguisher seal in tact?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	If answer to items J, K, L, M, or N is no, write comments and corrective actions taken.		
<b>General Warehouse</b>			
O	Inspect all Warehouse locations. Is there hazardous waste drums stored outside of Warehouse accumulation point?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	If answer to item O is yes write comments and corrective actions taken.		

# WEEKLY HAZARDOUS WASTE CONTAINERS INSPECTION CHECKLIST

## WAREHOUSE ACCUMULATION POINT

DATE: 3-22-13			
INSPECTED BY: JR			
item		YES	NO
<b>HAZARDOUS WASTE CONTAINERS</b>			
A	Are any containers open or have loose lids/bungs?	✓	✓
B	Are any containers severely rusted?	✓	✓
C	Are any containers leaking?	✓	✓
	If answer to items A, B or C is yes, write comments and corrective actions taken.		
D	Is accumulation start date marked on containers?	✓	✓
E	Are containers marked "HAZARDOUS WASTE"?	✓	✓
F	Are labels readable from the inspection aisle?	✓	✓
G	Is there sufficient area to walk around and inspect all drums?	✓	✓
	If answer to items D, E, F, or G is no, write comments and corrective actions taken.		
<b>ACCUMULATION POINT</b>			
H	Are all hazardous waste containers on a containment pallet?	✓	✓
I	Is adequate aisle space present to allow unobstructed movement for emergency response?	✓	✓
	If answer to items H or I is no, write comments and corrective actions taken.		
<b>EMERGENCY RES</b>			
J	Is an empty salvage drum nearby?	✓	✓
K	Is spill absorbent material nearby?	✓	✓
L	Is a fire extinguisher readily accessible?	✓	✓
M	Is the fire extinguisher fully charged?	✓	✓
N	Is the fire extinguisher seal in tact?	✓	✓
	If answer to items J, K, L, M, or N is no, write comments and corrective actions taken.		
<b>General Warehouse</b>			
O	Inspect all Warehouse locations. Is there hazardous waste drums stored outside of Warehouse accumulation point?	✓	✓
	If answer to item O is yes write comments and corrective actions taken.		

WEEKLY HAZARDOUS WASTE CONTAINERS INSPECTION CHECKLIST  
**WAREHOUSE ACCUMULATION POINT**

*Signature*

DATE: 1/25/13				
INSPECTED BY: S.D. NARR				
Item		YES	NO	COMMENTS/CORRECTIVE ACTIONS TAKEN
<b>HAZARDOUS WASTE CONTAINERS</b>				
A	Are any containers open or have loose lids/bungs?		✓	
B	Are any containers severely rusted?		✓	
C	Are any containers leaking?		✓	
	If answer to items A, B or C is yes, write comments and corrective actions taken.			
D	Is accumulation start date marked on containers?	✓		
E	Are containers marked "HAZARDOUS WASTE"?	✓		
F	Are labels readable from the inspection aisle?	✓		
G	Is there sufficient area to walk around and inspect all drums?	✓		
	If answer to items D, E, F, or G is no, write comments and corrective actions taken.			
<b>ACCUMULATION POINT</b>				
H	Are all hazardous waste containers on a containment pallet?	✓		
I	Is adequate aisle space present to allow unobstructed movement for emergency response?	✓		
	If answer to items H or I is no, write comments and corrective actions taken.			
<b>EMERGENCY RESPONSE</b>				
J	Is an empty salvage drum nearby?	✓		
K	Is spill absorbent material nearby?	✓		
L	Is a fire extinguisher readily accessible?	✓		
M	Is the fire extinguisher fully charged?	✓		
N	Is the fire extinguisher seal in tact?	✓		
	If answer to items J, K, L, M, or N is no, write comments and corrective actions taken.			
<b>General Warehouse</b>				
O	Inspect all Warehouse locations. Is there hazardous waste drums stored outside of Warehouse accumulation point?		✓	
	If answer to item O is yes write comments and corrective actions taken.			

# WEEKLY HAZARDOUS WASTE CONTAINERS INSPECTION CHECKLIST

## WAREHOUSE ACCUMULATION POINT

DATE: 1/4/2013			
INSPECTED BY: S. Rakeff			
item		YES	NO
<b>HAZARDOUS WASTE CONTAINERS</b>			
A	Are any containers open or have loose lids/bungs?		✓
B	Are any containers severely rusted?		✓
C	Are any containers leaking?		✓
	If answer to items A, B or C is yes, write comments and corrective actions taken.		
D	Is accumulation start date marked on containers?	✓	
E	Are containers marked "HAZARDOUS WASTE"?	✓	
F	Are labels readable from the inspection aisle?	✓	
G	Is there sufficient area to walk around and inspect all drums?	✓	
	If answer to items D, E, F, or G is no, write comments and corrective actions taken.		
<b>ACCUMULATION POINT</b>			
H	Are all hazardous waste containers on a containment pallet?	✓	
I	Is adequate aisle space present to allow unobstructed movement for emergency response?	✓	
	If answer to items H or I is no, write comments and corrective actions taken.		
<b>EMERGENCY RESPONSE</b>			
J	Is an empty salvage drum nearby?	✓	
K	Is spill absorbent material nearby?	✓	
L	Is a fire extinguisher readily accessible?	✓	
M	Is the fire extinguisher fully charged?	✓	
N	Is the fire extinguisher seal in tact?	✓	
	If answer to items J, K, L, M, or N is no, write comments and corrective actions taken.		
<b>General Warehouse</b>			
O	Inspect all Warehouse locations. Is there hazardous waste drums stored outside of Warehouse accumulation point?		✓
	If answer to item O is yes write comments and corrective actions taken.		

# WEEKLY HAZARDOUS WASTE CONTAINERS INSPECTION CHECKLIST

## WAREHOUSE ACCUMULATION POINT

DATE: 5/17/2012			
INSPECTED BY: Sean P. Napp			
Item	YES	NO	COMMENTS/CORRECTIVE ACTIONS TAKEN
<b>HAZARDOUS WASTE CONTAINERS</b>			
A Are any containers open or have loose lids/bungs?	✓		
B Are any containers severely rusted?	✓		
C Are any containers leaking?	✓		was two but spill nipped
If answer to items A, B or C is yes, write comments and corrective actions taken.			
D Is accumulation start date marked on containers?	✓		
E Are containers marked "HAZARDOUS WASTE"?	✓		
F Are labels readable from the inspection aisle?	✓		
G Is there sufficient area to walk around and inspect all drums?	✓		
If answer to items D, E, F, or G is no, write comments and corrective actions taken.			
<b>ACCUMULATION POINT</b>			
H Are all hazardous waste containers on a containment pallet?	✓		
I Is adequate aisle space present to allow unobstructed movement for emergency response?	✓		
If answer to items H or I is no, write comments and corrective actions taken.			
<b>EMERGENCY RESPONSE</b>			
J Is an empty salvage drum nearby?	✓		
K Is spill absorbent material nearby?	✓		
L Is a fire extinguisher readily accessible?	✓		
M Is the fire extinguisher fully charged?	✓		
N Is the fire extinguisher seal in tact?	✓		
If answer to items J, K, L, M, or N is no, write comments and corrective actions taken.			
<b>General Warehouse</b>			
O Inspect all Warehouse locations. Is there hazardous waste drums stored outside of Warehouse accumulation point?	✓		
If answer to item O is yes write comments and corrective actions taken.			

# HAZARDOUS WASTE CONTAINERS INSPECTION CHECKLIST

## WAREHOUSE ACCUMULATION POINT

DATE: 6/29/2012			
INSPECTED BY: S. PULP			
item	YES	NO	COMMENTS/CORRECTIVE ACTIONS TAKEN
<b>HAZARDOUS WASTE CONTAINERS</b>			
A		<input checked="" type="checkbox"/>	
B		<input checked="" type="checkbox"/>	
C		<input checked="" type="checkbox"/>	
If answer to items A, B or C is yes, write comments and corrective actions taken.			
D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
E	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
F	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
G		<input checked="" type="checkbox"/>	There is a pickup Mon 7/2/12
If answer to items D, E, F, or G is no, write comments and corrective actions taken.			
<b>ACCUMULATION POINT</b>			
H	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	see above
I	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
If answer to items H or I is no, write comments and corrective actions taken.			
<b>EMERGENCY RESPONSE</b>			
J	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
K	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
L	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
M	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
N	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
If answer to items J, K, L, M, or N is no, write comments and corrective actions taken.			
<b>General Warehouse</b>			
O	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
If answer to item O is yes write comments and corrective actions taken.			



# HAZARDOUS WASTE CONTAINERS INSPECTION CHECKLIST

## HOUSE ACCUMULATION POINT

DATE: 7/10/12			
INSPECTED BY: S. Campbell			
item	YES	NO	COMMENTS/CORRECTIVE ACTIONS TAKEN
<b>HAZARDOUS WASTE CONTAINERS</b>			
A Are any containers open or have loose lids/bungs?	✓	✓	
B Are any containers severely rusted?	✓	✓	
C Are any containers leaking?	✓	✓	
If answer to items A, B or C is yes, write comments and corrective actions taken.			
D Is accumulation start date marked on containers?	✓	✓	
E Are containers marked "HAZARDOUS WASTE"?	✓	✓	
F Are labels readable from the inspection aisle?	✓	✓	
G Is there sufficient area to walk around and inspect all drums?	✓	✓	262 on equipment in warehouse temp.
If answer to items D, E, F, or G is no, write comments and corrective actions taken.			
<b>ACCUMULATION POINT</b>			
H Are all hazardous waste containers on a containment pallet?	✓	✓	wating for waste pickup
I Is adequate aisle space present to allow unobstructed movement for emergency response?	✓	✓	
If answer to items H or I is no, write comments and corrective actions taken.			
<b>EMERGENCY RESPONSE</b>			
J Is an empty salvage drum nearby?	✓	✓	
K Is spill absorbent material nearby?	✓	✓	
L Is a fire extinguisher readily accessible?	✓	✓	
M Is the fire extinguisher fully charged?	✓	✓	
N Is the fire extinguisher seal in tact?	✓	✓	
If answer to items J, K, L, M, or N is no, write comments and corrective actions taken.			
<b>General Warehouse</b>			
O Inspect all Warehouse locations. Is there hazardous waste drums stored outside of Warehouse accumulation point?	✓	✓	
If answer to item O is yes write comments and corrective actions taken.			



# GENERAL HAZARDOUS WASTE CONTAINERS INSPECTION CHECKLIST

## WAREHOUSE ACCUMULATION POINT

DATE: 8/3/12			
INSPECTED BY: S. D. Kopp			
Item	YES	NO	COMMENTS/CORRECTIVE ACTIONS TAKEN
<b>HAZARDOUS WASTE CONTAINERS</b>			
A Are any containers open or have loose lids/bungs?	✓	✓	
B Are any containers severely rusted?	✓	✓	
C Are any containers leaking?	✓	✓	
If answer to items A, B or C is yes, write comments and corrective actions taken.			
D Is accumulation start date marked on containers?	✓	✓	will be
E Are containers marked "HAZARDOUS WASTE"?	✓	✓	
F Are labels readable from the inspection aisle?	✓	✓	
G Is there sufficient area to walk around and inspect all drums?	✓	✓	
If answer to items D, E, F, or G is no, write comments and corrective actions taken.			
<b>ACCUMULATION POINT</b>			
H Are all hazardous waste containers on a containment pallet?	✓	✓	
I Is adequate aisle space present to allow unobstructed movement for emergency response?	✓	✓	
If answer to items H or I is no, write comments and corrective actions taken.			
<b>EMERGENCY RESPONSE</b>			
J Is an empty salvage drum nearby?	✓	✓	
K Is spill absorbent material nearby?	✓	✓	
L Is a fire extinguisher readily accessible?	✓	✓	
M Is the fire extinguisher fully charged?	✓	✓	
N Is the fire extinguisher seal in tact?	✓	✓	
If answer to items J, K, L, M, or N is no, write comments and corrective actions taken.			
<b>General Warehouse</b>			
O Inspect all Warehouse locations. Is there hazardous waste drums stored outside of Warehouse accumulation point?		✓	
If answer to item O is yes write comments and corrective actions taken.			

# WEEKLY HAZARDOUS WASTE CONTAINERS INSPECTION CHECKLIST

## WAREHOUSE ACCUMULATION POINT

DATE: 10/14/12			
INSPECTED BY: S.P. Helt			
item	YES	NO	COMMENTS/CORRECTIVE ACTIONS TAKEN
<b>HAZARDOUS WASTE CONTAINERS</b>			
A Are any containers open or have loose lids/bungs?		✓	
B Are any containers severely rusted?		✓	
C Are any containers leaking?		✓	
If answer to items A, B or C is yes, write comments and corrective actions taken.			
D Is accumulation start date marked on containers?	✓		
E Are containers marked "HAZARDOUS WASTE"?	✓		
F Are labels readable from the inspection aisle?	✓		
G Is there sufficient area to walk around and inspect all drums?	✓		
If answer to items D, E, F, or G is no, write comments and corrective actions taken.			
<b>ACCUMULATION POINT</b>			
H Are all hazardous waste containers on a containment pallet?	✓		
I Is adequate aisle space present to allow unobstructed movement for emergency response?	✓		
If answer to items H or I is no, write comments and corrective actions taken.			
<b>EMERGENCY RESPONSE</b>			
J Is an empty salvage drum nearby?	✓		
K Is spill absorbent material nearby?	✓		
L Is a fire extinguisher readily accessible?	✓		
M Is the fire extinguisher fully charged?	✓		
N Is the fire extinguisher seal in tact?	✓		
If answer to items J, K, L, M, or N is no, write comments and corrective actions taken.			
<b>General Warehouse</b>			
O Inspect all Warehouse locations. Is there hazardous waste drums stored outside of Warehouse accumulation point?		✓	
If answer to item O is yes write comments and corrective actions taken.			

# WEEKLY HAZARDOUS WASTE CONTAINERS INSPECTION CHECKLIST

## WAREHOUSE ACCUMULATION POINT

DATE: 11/2/12			
INSPECTED BY: S. RUSSELL			
Item		YES	NO
<b>HAZARDOUS WASTE CONTAINERS</b>			
A	Are any containers open or have loose lids/bungs?		✓
B	Are any containers severely rusted?		✓
C	Are any containers leaking?		✓
	If answer to items A, B or C is yes, write comments and corrective actions taken.		
D	Is accumulation start date marked on containers?	✓	
E	Are containers marked "HAZARDOUS WASTE"?	✓	
F	Are labels readable from the inspection aisle?	✓	
G	Is there sufficient area to walk around and inspect all drums?	✓	
	If answer to items D, E, F, or G is no, write comments and corrective actions taken.		
<b>ACCUMULATION POINT</b>			
H	Are all hazardous waste containers on a containment pallet?	✓	
I	Is adequate aisle space present to allow unobstructed movement for emergency response?	✓	
	If answer to items H or I is no, write comments and corrective actions taken.		
<b>EMERGENCY RESPONSE</b>			
J	Is an empty salvage drum nearby?	✓	
K	Is spill absorbent material nearby?	✓	
L	Is a fire extinguisher readily accessible?	✓	
M	Is the fire extinguisher fully charged?	✓	
N	Is the fire extinguisher seal in tact?	✓	
	If answer to items J, K, L, M, or N is no, write comments and corrective actions taken.		
<b>General Warehouse</b>			
O	Inspect all Warehouse locations. Is there hazardous waste drums stored outside of Warehouse accumulation point?		✓
	If answer to item O is yes write comments and corrective actions taken.		

# WEEKLY HAZARDOUS WASTE CONTAINERS INSPECTION CHECKLIST

## WAREHOUSE ACCUMULATION POINT

DATE: 11/16/12				
INSPECTED BY: S. P. Helle				
item		YES	NO	COMMENTS/CORRECTIVE ACTIONS TAKEN
<b>HAZARDOUS WASTE CONTAINERS</b>				
A	Are any containers open or have loose lids/bungs?		///	
B	Are any containers severely rusted?		///	
C	Are any containers leaking?		///	
	If answer to items A, B or C is yes, write comments and corrective actions taken.			
D	Is accumulation start date marked on containers?	///	///	
E	Are containers marked "HAZARDOUS WASTE"?	///	///	
F	Are labels readable from the inspection aisle?	///	///	
G	Is there sufficient area to walk around and inspect all drums?			
	If answer to items D, E, F, or G is no, write comments and corrective actions taken.			
<b>ACCUMULATION POINT</b>				
H	Are all hazardous waste containers on a containment pallet?	///		only one for solid waste.
I	Is adequate aisle space present to allow unobstructed movement for emergency response?			
	If answer to items H or I is no, write comments and corrective actions taken.			
<b>EMERGENCY RESPONSE</b>				
J	Is an empty salvage drum nearby?	///		
K	Is spill absorbent material nearby?	///		
L	Is a fire extinguisher readily accessible?	///		
M	Is the fire extinguisher fully charged?	///		
N	Is the fire extinguisher seal in tact?	///		
	If answer to items J, K, L, M, or N is no, write comments and corrective actions taken.			
<b>General Warehouse</b>				
O	Inspect all Warehouse locations. Is there hazardous waste drums stored outside of Warehouse accumulation point?		///	
	If answer to item O is yes write comments and corrective actions taken.			

# WEEKLY HAZARDOUS WASTE CONTAINERS INSPECTION CHECKLIST

## WAREHOUSE ACCUMULATION POINT

DATE: 12/21/12			
INSPECTED BY: S. P. Hiett			
item	YES	NO	COMMENTS/CORRECTIVE ACTIONS TAKEN
<b>HAZARDOUS WASTE CONTAINERS</b>			
A		<input checked="" type="checkbox"/>	
B		<input checked="" type="checkbox"/>	
C		<input checked="" type="checkbox"/>	
If answer to items A, B or C is yes, write comments and corrective actions taken.			
D	<input checked="" type="checkbox"/>		
E	<input checked="" type="checkbox"/>		
F	<input checked="" type="checkbox"/>		
G	<input checked="" type="checkbox"/>		
If answer to items D, E, F, or G is no, write comments and corrective actions taken.			
<b>ACCUMULATION POINT</b>			
H	<input checked="" type="checkbox"/>		
I	<input checked="" type="checkbox"/>		
If answer to items H or I is no, write comments and corrective actions taken.			
<b>EMERGENCY RESPONSE</b>			
J	<input checked="" type="checkbox"/>		
K	<input checked="" type="checkbox"/>		
L	<input checked="" type="checkbox"/>		
M	<input checked="" type="checkbox"/>		
N	<input checked="" type="checkbox"/>		
If answer to items J, K, L, M, or N is no, write comments and corrective actions taken.			
<b>General Warehouse</b>			
O	<input checked="" type="checkbox"/>		
Inspect all Warehouse locations. Is there hazardous waste drums stored outside of Warehouse accumulation point?			
If answer to item O is yes write comments and corrective actions taken.			

## Attachment #4

**Emergency Response Plan**

**Meets 40 CFR 265.50**

**“Contingency Plan and Emergency Procedures”**

**for**

**Norquay Technology, Inc.**

**800 West Front Street**

**Chester, PA 19013**

**Updated Dec 2012**

#### **4.4 Utility Main Shut-Off**

Norquay employees may shut off utility mains as part of their immediate response to control an emergency condition. Norquay employees may also shut off utility mains to control a situation that does not require activation of this emergency response plan.

The natural gas main and the city water main are located outside the building.

Norquay employees are not authorized to shut off the main electric disconnect at the Norquay transformer station. Special equipment and training is required to safely operate a high voltage electric disconnect, and the Norquay electric feed is 13,200 volts.

However, Norquay employees may shut off the individual 480V circuits on the side of the main transformer in the back room.

#### **4.5 Coordination With Outside Agencies**

The first emergency responder to Norquay Technology is the Chester Fire Department. Based on their assessment of the situation, the Chester Fire Department may call in the Hazardous Materials Team of the Delaware County Emergency Services.

The procedures for coordinating efforts between these two agencies is described in the "Delaware County Emergency Operations Plan" dated 1988.

#### **4.6 Incident Command**

The senior member of the emergency responders is in command of the situation as soon as the emergency responders arrive onsite. The Incident Commander may change as additional emergency response personnel arrive on site. This is described in the "Delaware County Emergency Operations Plan" dated 1988.

Norquay personnel will provide technical advice to the Incident Commander during the emergency. When the first emergency responders arrive at Norquay, the Shift Leader provides information on:

- ◆ the emergency condition,



The Shift Leader then determines if anyone is missing and presents that information to the emergency responders' on-scene commander.

### **5.5 Arrangements with Local Emergency Services**

Norquay employees are instructed to notify Chester Fire Department in case of an emergency and should indicate to them that a HAZMAT team should be dispatched to the scene (in the event that one is needed). The HAZMAT team is part of Delaware County Emergency Services.



**PREPAREDNESS, PREVENTION, AND CONTINGENCY (PPC) PLAN**

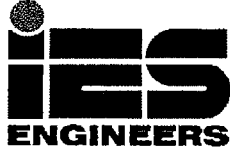
**FOR**

**NORQUAY TECHNOLOGY INCORPORATED**

**SUBMITTED BY:**

**IES ENGINEERS  
1720 WALTON ROAD  
BLUE BELL, PENNSYLVANIA 19422**

**IES PROJECT NO. EV120170.06  
ISSUED: OCTOBER 2012**



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### **3. Internal and External Communication and Alarm Systems**

The Norquay facility is equipped with an internal Public Address (PA) system and plant telephones which allows communication throughout the building.

### **4. Evacuation Plan for Construction Site Personnel**

Norquay maintains a separate emergency Response plan for the facility that includes evacuation routes, procedures to account for personnel, and procedures for employees who remain to operate critical equipment.

### **5. Emergency Equipment Available for Response**

Absorbent pads, booms and absorbent material are mainly located in the warehouse; fire extinguishers are located in clearly marked areas around the facility.

## **Section E - Emergency Spill Control Network**

### **1. Arrangements with Local Emergency Response Agencies and Hospitals**

Arrangements must be made, as appropriate, to inform local emergency response agencies, and hospitals concerning the type of materials or wastes handled at the installation and the potential need for services. Arrangements should be made which will designate who will be the primary emergency response agency and who will provide support services during emergencies.

Efforts should be made to familiarize police, fire departments, emergency response teams, and the County Emergency Management Coordinator with the layout of the installation, the properties and dangers associated with the hazardous materials handled, places where personnel would normally be working, entrances to roads inside the facility, and the possible evacuation routes. At a minimum, this requirement must be in accordance with applicable Department regulations.

### **2. Notification Lists**

See Section B-4.

### **3. Downstream Notification Requirement for Storage Tanks**

There are no storage tanks with a capacity of >21,000 gallons on the Norquay site. This requirement is not applicable.

## **Section F - Stormwater Management Practice**

The Norquay site is regulated under the National Pollution Discharge Elimination System (NPDES) due to its industrial activities conducted on site. The Norquay facility currently has a valid "No

## Attachment #5

**Norquay Technology, Inc.**  
**TRAINING RECORD/CERTIFICATION**

IES Project Number: EHS11170.01

Date: April 5, 2011

**This is to certify that the undersigned conducted training in accordance with:**

40 CFR Section 264.16 – Personnel Training

**The following individuals received training on:**

RCRA Large Quantity Generating Facilities  
Hazardous Waste Determination  
Hazardous Waste Disposal

Print Name	Signature
Dwayne Jones	Dwayne Jones
KONJO M. FEFEGULA	Konjo M. Fefegula
JONATHAN HOLLAND	Jonathan Holland
George Dennis IV	George Dennis IV
James Heagerty	James Heagerty
George Dennis III	George Dennis III
Bob Miller	Bob Miller
George Dennis III	George Dennis III
George Dennis II	George Dennis II

Ryan D. Haas  
Instructor's Name (Print)

Project Engineer  
Title

Ryan D. Haas  
Instructor's Signature

Certified By (Print Name)

Title

Signature

**Norquay Technology, Inc.**  
**TRAINING RECORD/CERTIFICATION**

IES Project Number: EHS11170.01

Date: April 5, 2011

**This is to certify that the undersigned conducted training in accordance with:**

40 CFR Section 264.16 – Personnel Training

**The following individuals received training on:**

RCRA Large Quantity Generating Facilities  
Hazardous Waste Determination  
Hazardous Waste Disposal

**Print Name**

**Signature**

<u>Tom Logan</u>	<u>[Signature]</u>
<u>Victor Vazquez</u>	<u>[Signature]</u>
<u>Lynn Bauman</u>	<u>[Signature]</u>
<u>KARIE N. DAVIS</u>	<u>[Signature]</u>
<u>[Signature]</u>	<u>[Signature]</u>
<u>Mike Allen</u>	<u>[Signature]</u>

Ryan D. Haas  
**Instructor's Name (Print)**

Project Engineer  
**Title**

[Signature]  
**Instructor's Signature**

Certified By (Print Name)

Title

Signature

ON120170.01

**Norquay Technology, Inc.**  
**TRAINING RECORD/CERTIFICATION**

IES Project Number: ON120170.01

Date: March 22, 2012

**This is to certify that the undersigned conducted training in accordance with:**

40 CFR Section 264.16 – Personnel Training

**The following individuals received training on:**

RCRA Large Quantity Generating Facilities  
Hazardous Waste Determination  
Hazardous Waste Disposal

Print Name	Signature
DWAYNE JONES	Dwayne Jones
JONATHAN HOLLAND	Jonathan Holland
BOB MILLER	Bob Miller
George Dennis	George Dennis
TIMOTHY TODD	Timothy Todd
MOSES KALLON	Moses Kallon
George Dennis J.	George Dennis J.
GEORGE DENNIS III	George Dennis III
Konjo M. Fefegula	Konjo M. Fefegula
James Hagate	James Hagate
Peter Litake	Peter Litake

Ryan D. Haas  
Instructor's Name (Print)

Project Engineer  
Title

Instructor's Signature

Certified By (Print Name)

Title

Signature

**Signature**



**Norquay Technology, Inc.**  
**TRAINING RECORD/CERTIFICATION**

IES Project Number: ON130170.01

Date: January 24, 2013

**This is to certify that the undersigned conducted training in accordance with:**

40 CFR Section 264.16 – Personnel Training

**The following individuals received training on:**

RCRA Large Quantity Generating Facilities  
Hazardous Waste Determination  
Hazardous Waste Disposal

**Print Name**

**Signature**

Eric Logan  
KARIE N. DAVIS  
Seon Puhell  
Mike Allen

[Signature]  
[Signature]  
[Signature]  
[Signature]

Ryan D. Haas  
**Instructor's Name (Print)**

Project Engineer II  
**Title**

[Signature]  
**Instructor's Signature**

**Certified By (Print Name)**

Project Engineer  
**Title**

[Signature]  
**Signature**

**Norquay Technology, Inc.**  
**TRAINING RECORD/CERTIFICATION**

IES Project Number: ON130170.01

Date: January 24, 2013

**This is to certify that the undersigned conducted training in accordance with:**

40 CFR Section 264.16 – Personnel Training

**The following individuals received training on:**

RCRA Large Quantity Generating Facilities  
Hazardous Waste Determination  
Hazardous Waste Disposal

**Print Name**

**Signature**

MUSES KALLAN

BOB MILLER

JOHN HOLLAND

DWAYNE JONES

JIM HAYATE

KONJO M. FEFEGULU

TIMOTHY DENNIS

GEORGE DENNIS IV

GEORGE DENNIS IV

MK

Bob Miller

John Holland

Dwayne Jones

Jim Hayate

Konjo M. Fefegulu

Timothy Dennis

George Dennis IV

George Dennis IV

Ryan D. Haas  
**Instructor's Name (Print)**

Project Engineer II  
**Title**

  
**Instructor's Signature**

**Certified By (Print Name)**

**Title**

**Signature**

## CHEMICAL Operator

FULL TIME POSITION: 40 hours per week with occasional overtime requirements

Shift Work: First and Second Shift POSITIONS

### Positions Summary: Several position Openings

Plant Operators: Entry and experienced contributors

Assist in the operation of process equipment, tend or control units or systems that process chemicals and/or allied substances into intermediate or finished products. Learn procedures and troubleshooting practices. Run batches and equipment with excellent attention to detail.

### Responsibilities:

- Assist in the operation of processing chemicals into a final product.
  - Unload Filter Equipment ( manual filters, centrifuges)
  - Load Dryers: Clean and prepare dryers for project turnover. Properly manage the start-up and shut down procedures. Unload, size reduction screen and product pack-off to final drums.
  - Ensure Lot Number procedure is properly followed for every chemical coming into the plant.
  - Conduct sample testing while chemical is in the quarantine stage and follow proper procedures to release chemical from quarantine once testing is complete.
  - Follow the proper Batch Record procedures, obtaining proper sign off by supervisors and record instruction changes by management or chemist.
- Clean equipment ( disassemble, clean and re-assemble)
  - Plant equipment ( mixing vessels, filters support equipment)
  - Clean plant floor, empty trash cans maintain work cleanliness.
- Maintain clear and accurate shift logs for equipment, pass down logs and timesheets by the end of each shift.
- Wear appropriate personal protective equipment including safety glasses, hard hat and steel toe safety shoes. As needed, wear tyvek® PPE, rubber aprons and associated PPE for the safe handling of chemicals.
- Able to pass respirator fit test
- Able to lift 40-50 pounds of material safely as part of routine materials charging of materials.
- Janitorial duties such as cleaning the bathroom in the office, emptying trash in the office,
- Other duties as necessary

### Previous Experience and Educational Requirements:

- High School diploma or equivalent
  - Speak read and write in English

- Basic MATH Skills
- ENTRY LEVEL: 0-4 years of previous experience as a Chemical Operator in a Chemical Manufacturing environment.
- Must have familiarity with standard concepts, practices and procedures within the chemical manufacturing industry.
- Ability to operate a forklift truck (prefer certification)

REQUIREMENTS:

High School Diploma // GED  
Valid Driver's License  
50-Pound Lifting Requirement  
Able to Read, Write and Speak English fluently.

Basic Math skills

Proof of ability to work in USA

Pass Criminal Background Screen  
Pass Drug Screen

Mechanical skills to trouble shoot basic equipment

Pay Range: \$14-16/hour

If interested, please respond to email address provided with resume/job history, salary history and contact information.

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## Attachment #6

## Matlin, Martin

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**From:** James Hogate [jhogate@mail.norquaytech.com]  
**Sent:** Friday, August 09, 2013 12:10 PM  
**To:** Matlin, Martin  
**Cc:** 'Jim Horan'; 'Martin, Josephine'; 'Haas, Ryan'; 'Tucci, Michael'; 'Robert Heldt'; 'Eric Logan'  
**Subject:** Follow-Up Items from EPA visit to Norquay Technology  
**Attachments:** ECOFLO Manifests.pdf; Final PPC Plan - 2012 Signed.pdf; Clean Harbor Manifests.pdf; Norquay Technology - Fire Department Follow-Up.pdf; Emergency Response Plan 2012.pdf; Aerosol Disposal Memo. 8.2.2013.pdf; Inspection Checklists.pdf; EPA - 8-5-2013.pdf

Hello Martin,

At the conclusion of our meeting there were a few items that you requested for me to send to you.

I have included these items in the e-mail:

- Norquay PPC Plan
- Norquay Emergency Response Plan
- Hazardous Waste Manifests – Received these through TSD due to timing
- Letter Sent to Chester Fire Department

In addition, we have taken your suggestions and recommendations and done the following:

- Informed plant personnel on proper aerosol disposal. Most had already been disposing in the solid waste, but I posted a memo and had plant personnel that handle the cans, sign off on the memo.
- Proper labeling and closing up Universal Waste (light bulbs and waste oil)
- Inspected all waste containers for proper labels, dates, and secured all lids
- Additional overpack drums ordered for containers with packaging defects.

It is our goal to stay in compliance with the EPA, DEP, and in general be good neighbors to our Chester community.

We strive to do our best and take in the suggestions and recommendations of the EPA to stay in compliance.

Thank you for your time last Tuesday, July 30<sup>th</sup>.

Sincerely,

Jim Hogate  
Norquay Technology Inc.  
P.O. Box 468  
Chester, PA 19016-0468  
P: (610) 874-4330  
F: (610) 874-3575 fax  
[www.NorquayTech.com](http://www.NorquayTech.com)